

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) TENACIOUS TRUTH PAC		FEC IDENTIFICATION NUMBER ▼ C C00619650																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																									
D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee McLaughlin and Associates			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>11</td><td>02</td><td>2016</td></tr> </table>			M	M	M	11	02	2016
M	M	M									
11	02	2016									
Mailing Address 566 SOUTH ROUTE 303			Amount <table border="1" style="display:inline-table; width:100%"> <tr><td>7000.00</td></tr> </table>			7000.00					
7000.00											
City Blauvelt	State NY	Zip Code 10913	Transaction ID : SE.4200								
Purpose of Expenditure Radio ad production and buy, also opposes Martin Babinec		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td>31</td><td>2016</td></tr> </table>			M	M	M	10	31	2016
M	M	M									
10	31	2016									
Name of Federal Candidate MYERS, KIM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td>8000.00</td></tr> </table>	8000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
8000.00											

Full Name of Payee McLaughlin and Associates			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>11</td><td>02</td><td>2016</td></tr> </table>			M	M	M	11	02	2016
M	M	M									
11	02	2016									
Mailing Address 566 SOUTH ROUTE 303			Amount <table border="1" style="display:inline-table; width:100%"> <tr><td>4000.00</td></tr> </table>			4000.00					
4000.00											
City Blauvelt	State NY	Zip Code 10913	Transaction ID : SE.4205								
Purpose of Expenditure Radio production and ad buy		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>11</td><td>01</td><td>2016</td></tr> </table>			M	M	M	11	01	2016
M	M	M									
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Name of Federal Candidate MYERS, KIM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td>12000.00</td></tr> </table>	12000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
12000.00											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td>11000.00</td></tr> </table>	11000.00
11000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; width:100%"> <tr><td> </td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td> </td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kennedy, Sean, , ,

[Electronically Filed]

Date

M	M	M
11	02	2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) TENACIOUS TRUTH PAC		FEC IDENTIFICATION NUMBER ▼ C C00619650	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McLaughlin and Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 566 SOUTH ROUTE 303		Amount 10000.00	
City Blauvelt	State NY	Zip Code 10913	Transaction ID : SE.4207
Purpose of Expenditure Radio ad buy, also opposes Martin Babniec		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016
Name of Federal Candidate MYERS, KIM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		22000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	21000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kennedy, Sean, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2016

Signature